

Home Health Certification and Plan of Care				Order ID: 179/12644	
1. Patient s HI claim No.		2. Start Of Care Date		3. Certification Period	
1EG4TE5MK73		09/01/2025		From: 09/01/2025 To: 10/30/2025	
				4. Medical Record No.	
				7582	
				5. Provider No.	
				242353	
6. Patient's Name and Address				7. Provider's Name, Address and Telephone Number	
Lorrene Pearson				Home Health Cares	
(410) 296-2785 3 Ruxview Ct,				579# EAST MARKET@STREETS	
GWYNN OAK, MD 21207				HARRISONBURG, VA 22801-1234	
410-952-3140				540-433-7146	
				1234567891	
8. DOB 06/14/1967				9.Sex Female	
10. Medications: Dose/Frequency/Route (N)ew (C)hanged				There are no Medications for this Plan of Care	
11. ICD		Principal Diagnosis		Date	
G20.C		Parkinsonism unspecified		09/01/25	
13. ICD		Other Pertinent Diagnoses		Date	
14. DME and Supplies:				15. Safety Measures:	
None of the above				None of the above	
16. Nutrition:				17. Allergies:	
1800cal ADA				no known allergies	
18.A. Functional Limitations				18.B. Activities Permitted	
None of the above				Complete Bedrest	
19. Mental & Pyschosocial Status: COGNITION: 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions., ANXIETY: 1. In new or complex situations only, SOCIAL ISOLATION: 0. Never, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No					
20. Prognosis: good					
22. A Rehabilitation Potential:				22.B.Discharge Plans	
SELF-CARE: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities., MOBILITY: 2. Needed Some Help - Patient needed partial assistance from another person to complete any activities.				patient will be responsible for managing treatment	
Homebound status: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home, medical condition could get worse if patient leaves home					
Clinical Condition Requiring Homecare: hypertension					
SN Careplans				SN Goals	
OT Careplans				OT Goals	
OT WK1: 1 (09/01/25-09/06/25) ,WK9: 1 (10/26/25-10/30/25)				PATIENT-STATED GOAL: Move Independently	
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 98 > 99, heart rate < 50 > 80, respiratory rate < 8 > 15, blood pressure systolic < 100 > 150, blood pressure diastolic < 50 > 100, O2 saturation < 98 > 101, pain < 0 > 0				GOALS	
CAREGIVER: 0. No assistance needed - patient is independent or does not have needs in this area				Chair to Bed to Chair - 06. Independent	
HOSPITALIZATION RISKS: 8. Currently reports exhaustion				Toilet Transfer - 06. Independent	
STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits Advance Directive:No Advance Directive				patient/caregiver recalls	
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0130B1 - Oral Hygiene, GG0170P1 - Picking Up Object, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0130H1 - Don/Doff Footwear, GG0130G1 - Lower Body Dressing, GG0130F1 - Upper Body Dressing, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating, GG0170E1 - Chair to Bed to Chair, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, abnormal sputum production, abnormal thyroid 0.40 - 4.50 mIU/mL, cloudy urine, extremity burn/tingle/numb, drooling, new incidence of rash				* how to optimize mental status with cognition therapy	
PROCEDURES: cough/deep breathing exercises, incentive spirometer, home exercise program, equipment training, work simplification/energy conservation, gait training on uneven surfaces, gait training/stair training, transfers training, coordinate/arrange transportation services				* home safety	
TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to optimize mental status with cognition therapy home safety optimize mobility with active and passive range of motion therapeutic exercises diet and fluids to optimize peripheral circulation, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet,				* optimize mobility with active and passive range of motion therapeutic exercises	
				* diet and fluids to optimize peripheral circulation	
				* recalls related medication(s) purpose, schedule	
				patient/caregiver recalls	
				* strategies to minimize fatigue and exhaustion including work simplification	
				* energy conservation	
				* lifestyle changes	
				* diet	
				* recalls related medication(s) purpose, schedule	
				patient self-administers medications as prescribed	
				* recalls related medication(s) purpose, schedule	
				patient's transportation needs are met	
				Oral Hygiene - 06. Independent	
				Lower Body Dressing - 06. Independent	
				Shower/Bathe Self - 06. Independent	
				Toileting Hygiene - 06. Independent	
23. Signature and Date of Verbal SOC Where Applicable:				25. Date HHA Received Signed POT	
Electronically Signed by Aquino, EmyAnne LPN/LVN on 09/01/2025					
24. Physician's Name and Address				26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.	
Joy De Castro				F2F date : 09/01/2025	
maine, ME					
PHONE: 2077499791 FAX: 12072219995 NPI: 1801093968					
27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face				28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.	
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related medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, Oral Hygiene - 06. Independent, Lower Body Dressing - 06. Independent, Shower/Bathe Self - 06. Independent, Toileting Hygiene - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Sit to Stand - 06. Independent, Chair to Bed to Chair - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 06. Independent, Walk 150 Feet - 06. Independent, Walk 10 ft on Uneven Surface - 06. Independent, 1 _ Step (curb) - 06. Independent, 4 Steps - 06. Independent, 12 Steps - 06. Independent, Picking Up Object - 06. Independent		Don/Doff Footwear - 06. Independent Eating - 06. Independent Sit to Stand - 06. Independent Car Transfer - 06. Independent Walk 10 Feet - 06. Independent Walk 50 ft with 2 Turns - 06. Independent Walk 150 Feet - 06. Independent Walk 10 ft on Uneven Surface - 06. Independent 1 _ Step (curb) - 06. Independent 4 Steps - 06. Independent 12 Steps - 06. Independent Picking Up Object - 06. Independent		

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Aquino, EmyAnne LPN/LVN	09/01/2025